

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000002466

1. Entity Name
MASTERCRAFT AUTO SALES INC.



FILED
05 NOV -3 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
9750 PATTON ROAD
JACKSONVILLE, FL 32246

Mailing Address
9750 PATTON ROAD
JACKSONVILLE, FL 32246

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10312005 REIN-P CR2E098 (6/04)

4. FEI Number
59-3166284

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~WILT, WILLIAM JR.~~
9750 PATTON ROAD
JACKSONVILLE, FL 32246

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *William Wilt Jr.*
Signature, typed or printed name of registered agent and, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

NEVER RECEIVED 1ST
Notice of RENEWAL

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME WILT, WILLIAM
STREET ADDRESS 9750 PATTON RD.
CITY-ST-ZIP JACKSONVILLE, FL 32255

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 400061143634
CITY-ST-ZIP 11/03/05--01052--005 **150.00

TITLE V ☐ Delete
NAME WILT, SCOTT
STREET ADDRESS 9750 PATTON RD.
CITY-ST-ZIP JACKSONVILLE, FL 32255

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS REINSTATEMENT 05
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS T. Roberts NOV-04-2005
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William Wilt Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #